

# North Carolina Governor's Advisory Council on Aging North Carolina Speaks to the 2005 White House Conference on Aging

Proceedings

Raleigh, May 18, 2005

## Participating Organizations

### *Presenting at the Forum*

NC AARP

Friends of Residents in Long-term Care, Inc.

NC Association of Area Agencies on Aging

NC Nurses Association

NC Association on Aging

NC Association of County Commissioners

NC Senior Citizens Association

NC Senior Tar Heel Legislature

NC Disabled American Veterans

NC Association of County Directors of Social Services

NC Health Care Facilities Association and NC Association of Long Term Care Facilities

### *Providing Written Responses*

Area Agencies on Aging of the Cape Fear

Council of Governments, Lumber River

Council of Governments, and Mid-Carolina

Council of Governments

Area Agencies on Aging of the Eastern

Carolina Council of Governments,

Albemarle Commission, and Mideast

Commission

Area Agency on Aging, Triangle J Council of Governments

Buncombe County Coordinating Consortium

Cabarrus County Department of Aging

Craven County Senior Services

Encore Center for Lifelong Enrichment

Franklin County Department of Aging

High Country Area Agency on Aging

Home Helpers of Hillsborough

Johnston County Council on Aging, Clayton

Senior Center and Selma Senior Center

NC Institute of Medicine

NC Senior Center Managers

NC Senior Games

Onslow Senior Services

UNC Gerontology Faculty

Wake County Human Services

## Sponsors

NC Division of Aging and Adult Services

NC Association of Area Agencies on Aging

NC AARP

Pfizer Inc

UNC Institute on Aging

## Council gathers input for North Carolina's delegation

The Governor's Advisory Council on Aging is authorized by state legislation (G.S. 143B-189) to make recommendations aimed at improving human services to the elderly and, among other things, to study ways and means of promoting public understanding of the problems of older adults.

Because this year will see the first White House Conference on Aging (WHCOA) in a decade and the one that precedes the anticipated wave of retirement among the oldest baby boomers, the council elected to hold a forum this year to learn about the priority issues and recommendations that North Carolinians wanted conveyed to the WHCOA delegates.

## Objectives of the forum

1. To provide a forum for groups and organizations interested in aging issues to share their recommendations in an open and constructive manner.
2. To provide the Governor's Advisory Council on Aging with information that can be used for the following purposes:
  - ♦ to influence the work of the national WHCOA Policy Committee
  - ♦ to inform North Carolina's Governor and Congressional Delegation of issues and policy recommendations identified as vital to the future of the state's seniors
  - ♦ to help prepare North Carolina's WHCOA delegates.
3. To elevate public awareness about the aging of North Carolina and important issues of national and state significance during May 2005, Older Americans Month.



*White House Conferences  
are one of the few  
opportunities where you can  
put your footprint on  
something that is going to last  
longer than we do.  
—Lt. Gov. Beverly Purdue*

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## Johnson opens the meeting

Having introduced the Governor's Advisory Council members to the forum, Ann Johnson, its chairperson, noted that the information gathered at the forum would shape the work of the White House Conference planning committee and form the basis of the orientation of the delegates. She directed participants' attention to the goals of the forum (shown on page one) and noted that previous White House Conferences have had a high level of success in shaping national policy on aging. The Older Americans Act, Medicare, and Medicaid followed the first conference in 1961. The years following the 1971 conference saw the expansion of nutrition programs and many home and community services. Delegates to the 1981 conference struggled to harmonize differing views yet finally developed a list of priorities—"8 for the 80s." The 1995 conference's informal theme was found in Barbara Mikulski's statement, "Let us keep the security in Social Security, the care in Medicare, and the aid in Medicaid." Although there are already challenges ahead for the delegates to this year's conference, Johnson said she felt that North Carolina's delegation had a great opportunity to provide direction and leadership.

Johnson outlined how the forum was organized and how the presenting organizations were selected. Using a tool developed by the Division of Aging and Adult Services, over 80 organizations across the state had the opportunity to rate 126 policy issues and add to them. This formed the basis for discussion within many of those organizations and provided a framework for the reports to be heard at the forum.

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## Telfer and Sheppard name the delegates and alternates

Phil Telfer conveyed Governor Easley's greetings to the participants, remarking that aging issues are important not only to current seniors but to everyone. He noted that one of the Governor's top priorities is the Senior Care Program so that older adults do not have to make tough choices between food and drugs. Having introduced the delegates selected by the Governor, he also acknowledged Dr. Peggye Dilworth-Anderson, director of the Center for Aging and Diversity at the UNC Institute on Aging, who is serving as one of the twenty-two members of the WHCOA advisory committee.

Jackie Sheppard, assistant secretary for Long-Term Care and Family Services, representing Carmen Hooker Odom, secretary of the Department of Health and Human Services, introduced the delegates named by the state's senators and representatives.

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## North Carolina's Delegates (D) and Alternates (A)

**Appointed by**  
**Governor Michael F.**  
**Easley**

### ***Delegates***

Alice L. Bordsen, NC  
Representative, Alamance

Beverly M. Earle, NC  
Representative,  
Mecklenburg

Karen Gottovi, Director, NC  
Division of Aging and Adult  
Services

Ann Johnson, Chair, NC  
Governor's Advisory  
Council on Aging

Beverly E. Perdue, NC  
Lieutenant Governor

### ***Alternates***

Bonnie Cramer, Raleigh  
Thelma Lennon, Raleigh  
Carla Suitt Obiol, Director,  
NC Seniors' Health Insur-  
ance Information Program

Jackie Sheppard, Assistant  
Secretary for Long-Term  
Care and Family Services

Dr. Leonard Trujillo, East  
Carolina University,  
Greenville

### **Congressional Appointees**

***Elizabeth Dole, US Senator***  
Rick Eldridge, Salisbury (D)

***Richard Burr, US Senator***  
Dr. Leonard Trujillo, East  
Carolina University,  
Greenville (D)

Dr. Ann Dickerson,  
Greenville (A)

***G. K. Butterfield, US Rep.***  
***1st District***

Jean Reaves, Weldon (D)  
Pat Capehart, Washington (A)

***Bob Etheridge, US Rep.***  
***2nd District***

Roxanne Bragg-Cash,  
Louisburg (D)

***Walter B. Jones, US Rep.***  
***3rd District***

Millie Anderson, Pine Knoll  
Shores (D)

***David E. Price, US Rep.***  
***4th District***

Dr. Dan Blazer, Durham (D)

***Virginia Foxx, US Rep.***  
***5th District***

Doris Dick, Hamptonville (D)  
John Pitzen, Stoneville (A)

***Howard Coble, US Rep.***  
***6th District***

Ellen Whitlock, Greensboro (D)  
Stephen Fleming, Greens-  
boro (A)

***Mike McIntyre, US Rep.***  
***7th District***

Dr. Delilah Blanks,  
Riegelwood (D)  
T. Ben Douglas, Lake  
Waccamaw (A)

***Robin Hayes, US Rep.***  
***8th District***

Gayla Woody, Charlotte (D)

***Sue Wilkins Myrick,***  
***US Rep. 9th District***

Dan Owens, Charlotte (D)  
Stephanie Noonan,  
Charlotte (A)

***Patrick T. McHenry,***  
***US Rep. 10th District***

Harriet Bannon, Hickory (D)  
Stephen Daniel, Morganton (A)

***Charles H. Taylor, US Rep.***  
***11th District***

Senator Robert Carpenter,  
Franklin (D)  
Dorothy Crawford, Franklin (A)

***Melvin L. Watt, US Rep.***  
***12th District***

Dean Burgess, Winston-  
Salem (D)  
Sabrena Lea, Greensboro (A)

***Brad Miller, US Rep.***  
***13th District***

Dr. Betty Wiser, Raleigh (D)

***National Congress of***  
***American Indians***  
***Appointee***

Bruce Jones, Raleigh

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## Interested parties outline priorities

These summaries are given in the order they were presented. Written testimonies submitted by the organizations are available in full on the NC Division of Aging and Adult Services' website, <http://www.dhhs.state.nc.us/aging/whcoa/whcoahome.htm>.

### **NC AARP**

*Von Valletta, State President*

NC AARP polled its membership in two ways: A survey of the leaders of 250 local chapters of the organization and a chapter summit, where participants in small groups identified the top three priorities. The survey identified these three priorities:

1. Economic security, including protection from financial abuse and exploitation
2. Health and health care
3. Livable communities.

The summit identified the following three:

1. Affordability of prescription drugs
2. Affordable health care for people of all ages
3. (A tie) Expand programs designed to increase physical activity among older adults and strengthen protections against financial fraud, abuse, and exploitation.

### **Friends of Residents in Long Term Care, Inc.,**

*David Moser, Treasurer and Board Member*

1. Increase the number of experienced, competent, caring people in the direct care workforce in long-term care settings.
2. Improve the quality of care in long-term care settings.
3. Protect long-term care consumers' rights to civil justice.

### **NC Association of Area Agencies on Aging**

*Mary Barker, President, NC4A, and Director, Region A Area Agency on Aging*

Through forums and county and regional advisory groups, NC4A assembled priorities based on the input of over 500 people representing 59 of the state's 100 counties.

1. Stabilize health care funding sources, including Medicare, Medicaid, Social Security, private pensions, and insurance.

2. Attend to seniors' quality of life, both in the community and in facilities. In particular, increase options for community care. To this end, reauthorize the Older Americans Act with adequate appropriations and extend the Family Caregiver Support Program.
3. Assure adequate, affordable transportation, both medical and general, that goes across county and even state lines.

### **NC Council on Developmental Disabilities**

*Holly Riddle, Executive Director*

1. Secure flexible funding to accommodate the need for services for people with developmental disabilities as they age.
2. Develop easier access to existing services for older adults or people with developmental disabilities.
3. Support family caregivers (often aging parents) of people with developmental disabilities, especially in the development of emergency assistance when family caregivers become ill or otherwise unavailable.

### **NC Nurses Association, Council of Gerontological Nursing**

*Gail Pruett, Director, Nursing Education/Practice*

1. Increase education about and practice of end-of-life planning.
2. Assure appropriate health care staffing in long-term care facilities.
3. Examine the incidence of malpractice in long-term care facilities, control cost of malpractice insurance, retain protections for consumers while educating families so they have realistic expectations of care settings.

### **NC Association on Aging**

*Ginger Hill, Board Member*

1. Reauthorize the Older Americans Act and fund it appropriately.
2. Increase funding for the Home and Community Care Block Grant.

3. Provide adequate funding for senior centers.
4. Increase support for family caregivers and for grandparents who are working and raising grandchildren. Expand definitions of care recipients to include adult children with disabilities.

### **NC Coalition on Aging**

*Jean Reaves, President*

1. Preserve current Medicare coverage and increase coverage for medications, dental, vision, and hearing services.
2. Maintain the current structure of Social Security and add personal savings and investment options.
3. Support veterans.
4. Develop a national long-term care policy that has direct input from older adults.

### **NC Association of County Commissioners**

*Patrice Roesler, Assistant Executive Director for Intergovernmental Relations*

1. Provide access to affordable health care/high cost of drugs.
2. Provide additional in-home and community-based care.
3. Improve access to transportation.

### **NC Senior Citizens Association**

*Philip Brown, President-elect*

1. Promote wellness for seniors.
2. Enhance seniors' financial independence.
3. Promote greater choices for seniors, to combat the ageism within U.S. society.

### **NC Senior Tar Heel Legislature**

*Vernon Dull, Speaker*

1. Promote health and health care.
2. Assure economic security.
3. Promote independence and advocacy.

### **NC Disabled American Veterans**

*E. T. Townsend, Past Department Commander*

1. Maintain health care for veterans through the adequate funding of the VA system.
2. Include veterans' voices in planning at all levels of private and government activity.
3. Strengthen end-of-life care options.

### **NC Association of County Directors of Social Services**

*Susan McCracken, Director, Lincoln County Department of Social Services*

1. Protect programs/benefits that help assure the health of older and disabled citizens.
2. Expand programs/services that help assure home-based care and community services
3. Protect programs/benefits that help assure the safety and well-being of older and disabled adults.

### **NC Health Care Facilities Association and NC Association of Long Term Care Facilities**

*Dan Mosca, Past President of NCHCFA*

1. Develop an adequate supply of trained professional and nonprofessional medical, nursing, and other staff for health care and assisted living settings, regardless of location.
2. Develop a stable system of funding for health care services to prevent dramatic fluctuations in the delivery of care.
3. Establish and maintain a national culture of well-being for all ages, while maintaining a full range of community and institutional services.

*Each day, new casualties from our "glorious" and costly wars return for medical care and rehabilitation. These new veterans will need the full continuum of care we can provide well into the latter half of this century. . . . Too often today boards and committees . . . have representation from many facets of society, but veteran inclusion is almost accidental. With veterans comprising 20 to 30 percent of the adult population, their inclusion in planning is most certainly highly desirable.*

*—E. T. Townsend*



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## Lamb summarizes priorities of other organizations

Bill Lamb, of the North Carolina Institute on Aging, compiled the responses of organizations representing the views of 530 individuals (see the list of respondents on the first page of this document) and presented their top 10 reported priorities to the forum.

1. Increase support for evidence-based health promotion/disease prevention programs.
2. Assure adequate funding and availability of home and community-based services and supports.
3. Strengthen protections against fraud, abuse, and exploitation.
4. Increase the workforce trained in geriatrics.
5. Protect individuals' rights to choose health care providers and make other care decisions.
6. Promote volunteerism, including transportation and intergenerational activities.
7. Preserve the Older Americans Act by reauthorizing it and assuring adequate funding.
8. Maintain Social Security's current structure, purposes, and benefits.
9. Expand Medicare benefits to include prescription, dental, eye care, long-term care, and hearing aids.
10. Assure adequate health care for veterans.

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## Lt. Governor Purdue provides the lunchtime keynote address

In speaking of her gratitude at being chosen as a delegate to the 2005 White House Conference on Aging, Lt. Governor Purdue noted that White House conferences "are one of the few opportunities where you can put your footprint on something that is going to last longer than we do." She commended the Governor's Advisory Council on Aging for providing an opportunity to hear from those "who see the real issues day in and day out in their work and lives."

Summarizing the main points raised by the various organizations who presented at the forum, Lt. Governor Purdue said Medicare, Social Security, and Medicaid would top her list of concerns. Next might be promoting wellness, and then raising the public discussion of end-of-life issues, so that families would not face the situation most recently in the news. She acknowledged the pressing need to increase and improve the long-term care workforce. She also suggested that we find new career paths for seniors, whether through small business grants to those with the entrepreneurial spirit who finally have the freedom to try something new, or perhaps tax credits to reward volunteers for their commitment. She said that we have not yet focused as much attention on veterans' affairs as the issue warrants, given that a quarter of the state's older population depends on veterans' benefits for their health care. The Lt. Governor added that "everywhere I turn, senior centers are mentioned . . . [though] we've still got to explain that they are not just a place to go to for a service, but part of the community."

Lt. Governor Purdue acknowledged that things have improved for seniors since the last White House Conference, but warned against complacency: "We have a great opportunity if only we prepare ourselves, . . . and there is so much to be done." She remarked that financial exploitation and identity theft had not "even been on the radar" in 1995, but that it is an important issue now. Quoting an observation that had struck her as particularly apt, she concluded that focusing on North Carolina's baby boomers and seniors is not just the right thing to do but worthwhile because "we are one of the few natural resources that's growing."

*I have struggled with personal feelings, with professional responsibility, and with the awesome task that is set before us. . . .*

*I do believe, however, that there is still something to be said for speaking from the heart. . . . What is really overwhelming to me is the potential role that the entire North Carolina delegation holds. This delegation should, in my opinion, go to this conference with the goal and mission to be leaders in this policy-making process.*

*—Jean Reaves*

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## Resolutions of the Governor's Advisory Council

Immediately following the forum, the Governor's Advisory Council on Aging (GAC) members met to consider the views presented by the organizations at the event, as well as those submitted in writing. These are their resolutions or recommendations for action on the most pressing aging policy issues, resulting from the compilation of information from 37 organizations representing over 1,750 Seniors, caregivers, providers, and others from across the state.

The GAC will submit these resolutions to the National White House Conference on Aging Policy Committee in July 2005 for consideration. In addition, the resolutions will be used to inform the Governor and North Carolina's Congressional Delegation of the most critical aging policy issues identified by the GAC through the forum. They will also be used to assist in preparing the state's WHCOA delegates for their role in representing older North Carolinians at the national conference.

### 1. Reauthorizing and Strengthening the Older Americans Act

- 1 WHEREAS the Older Americans Act (OAA) of 1965 has offered for 40 years a vital framework for envisioning, articulating and supporting policies and programs to help senior adults and their families;
- 2 WHEREAS the Older Americans Act is up for reauthorization by the 109th Congress in 2005;
- 3 WHEREAS our nation faces major challenges in demographics with the longer life expectancy of individuals, including the aging of the 78 million baby boomers—the oldest of whom will become eligible for most OAA services during the next reauthorization period;
- 4 WHEREAS the OAA, while successfully serving seniors with greatest social and economic need, is available to all senior adults;
- 5 WHEREAS OAA programs are cost-effective and make a real difference in helping senior adults remain at home and in the community; and
- 6 WHEREAS North Carolina's leading Aging advocates strongly endorse reauthorization of the Older Americans Act and increased funding for its programs, and have identified specific measures to strengthen the Older Americans Act for the future;<sup>1</sup>
- 2 Support flexibility in the allocation of resources and the provision of services;
- 3 Reestablish a strong Federal Council on Aging, composed of advocates who are senior adults, to advise the U.S. Department of Health and Human Services and other federal agencies on national aging policy matters vital to our nation;
- 4 Support changes to the Aging Network and OAA programs to respond to emerging needs and opportunities including the aging boomers, persons with developmental disabilities, and the increasing diversity among senior adults;
- 5 Evaluate the potential of the Senior Center concept for meeting the needs of the escalating numbers of senior adults;
- 6 Strengthen the national Family Caregiver Support Program (Title III Part E) by: (a) expanding the definition of *child* to include adult children with disabilities; and (b) integrating the Alzheimer's demonstration initiative;
- 7 Broaden and strengthen Title III Part D, with adequate funding for evidenced-based prevention and health promotion;
- 8 Encourage and support development and implementation of consumer-directed service delivery methods that promote the independence, autonomy, choice, and control for senior adults and their caregivers;

**THEREFORE, BE IT RESOLVED** by the 2005 White House Conference on Aging to support policies that:

- 1 Provide a period of reauthorization of at least five years, with the assurance of adequate funding;
- 9 Protect senior adults against financial fraud, abuse, and exploitation; and
- 10 Establish and fund a new Title under the OAA to support State Units on Aging, Area Agencies on Aging, and Title VI Native

American Agencies in undertaking time-limited initiatives to help communities prepare for the rapid aging of America and the increased longevity and diversity of today's senior adults.

## **2. Promoting the Livability and Senior-Friendliness of Communities**

- 1 WHEREAS our nation is in the midst of an aging boom—with the first wave of the 78 million baby boom generation turning 65 in 2011—and older people living longer and staying healthier and more active much later in life;
- 2 WHEREAS there are many vital factors to healthy and active living that can be influenced by local, state, and national public policies pertaining to such areas as health and human services, land use, housing, transportation, public safety, taxes, workforce and economic development, education and lifelong learning, volunteerism and civic engagement;
- 3 WHEREAS housing and transportation are especially vital to supporting the desire of seniors to remain in their communities;
- 4 WHEREAS individuals, government and private interests share responsibility for the quality of life for people of all ages—recognizing that what is “friendly” for seniors is generally “people-friendly,” and also acknowledging that there are some interests and needs that may be unique to seniors;
- 5 WHEREAS the creation of livable and senior-friendly communities is a wise economic investment for public and private interests; and
- 6 WHEREAS leading Aging advocates in North Carolina strongly support efforts to enhance the livability and senior-friendliness of their communities;<sup>2</sup>

**THEREFORE, BE IT RESOLVED** by the 2005 White House Conference on Aging to support policies that:

- 1 Require the Secretary of the federal Department of Health and Human Services to examine and report annually for the next ten years to the President, Congress, the National Governor's Association, and the newly constituted Federal Council on Aging

about the extent to which federal policies are supporting or obstructing community living for senior adults, and make recommendations for change.

- 2 Encourage local planning and development activities for smart growth and senior-friendly communities through relevant studies, reports, conferences, and incentive grants;
- 3 Promote a broad view of livable, senior-friendly communities that includes the availability of a comprehensive system of services and supports, such as “senior friendly built-environments” that include road safety and walkable neighborhoods with direct access to home and community-based services;
- 4 Adequately fund affordable housing and transportation options, with special consideration given to the challenges of rural areas;
- 5 Establish and fund a new program within the Corporation for National and Community Service, coordinated with State Units on Aging and Area Agencies on Aging, that would promote senior volunteers working for the furtherance of livable and senior-friendly communities;
- 6 Assure the availability of strong Senior Centers that can serve as focal points for the entire community in providing information and entry to an array of services and activities; and
- 7 Establish and fund for the next five years a National Resource Center on Livable and Senior-Friendly Communities that would help State Units on Aging, Area Agencies on Aging, and Title VI Native American Agencies in their promotion of developing livable and senior-friendly communities.

## **3. Assuring the Well-Being of Aging Veterans<sup>3</sup>**

- 1 WHEREAS there were more than 26.4 million veterans in the United States and Puerto Rico as of the 2000 US Census, composing about 13 percent of the adult civilian population;
- 2 WHEREAS the median age of civilian veterans age 18 and over was 57.4 in the year 2000;



- 3 WHEREAS nearly 3 of every 10 veterans (29.1 percent) were disabled, with 1 in 3 Korean War veterans and almost 1 in 2 World War II veterans;
- 4 WHEREAS the 2005 Budget approved by Congress offered a zero net gain for the veterans health care system;
- 5 WHEREAS the Administration's proposed budget for the VA medical system is considered by the N.C. Disabled American Veterans to be "one of the most tight-fisted, miserly budgets for veterans in recent memory" in "shift[ing] much of the cost burden on the back of veterans by increasing "co-payment" fees and imposing "enrollment fees" on veterans who enter the VA system;
- 6 WHEREAS currently the VA can only collect from insurance companies, and not from Medicare or Tricare;
- 7 WHEREAS an increasing number of new veterans of the Iraq War and other encounters will need the full continuum of medical care, rehabilitation, and other assistance well into the latter half of this century;
- 8 WHEREAS many state veterans homes have occupancy rates of nearly 100 percent and some have long waiting lists;
- 9 WHEREAS veterans and their families suffer with inadequate end-of-life care that should include hospice and home care; and
- 10 WHEREAS veterans are often not well represented on planning and participating boards at all levels of private and governmental activities;

**THEREFORE, BE IT RESOLVED** by the 2005 White House Conference on Aging to support policies that:

- 1 Adequately fund the nation's VA health care system to assure quality and timely assistance, including compassionate end-of-life care;
- 2 Permit VA facilities to receive payment from Medicare and Tricare, at least for veterans who must make co-payment for services;
- 3 Protect veterans against unreasonable financial burdens that include excessive fees for service;

- 4 Require adequate representation of veterans on the all relevant federal, state, and local governmental bodies involved in planning, development and oversight of services and benefits for senior adults, including the proposed Federal Council on Aging;
- 5 Support an adequate number of state veterans homes to assure availability of this form of care and allow the VA to enter into a contract with such homes as it does with private facilities; and
- 6 Support home and community care options that are responsive to the needs and preferences of veterans and their family caregivers.

#### **4. Rebalancing Long-Term Care to Respect the Interests of Individuals and Families**

- 1 WHEREAS in *Olmstead v. L.C.*, the United States Supreme Court held that unjustified institutionalization of individuals violates the Americans with Disabilities Act and called upon public policy to support services to citizens with disabilities in the least restrictive environment appropriate to their needs;
- 2 WHEREAS there is a Medicaid bias toward institutionalization in that federal law *requires* state Medicaid programs to cover nursing home services for persons age 21 and older but gives states the *option* to cover home and community-based services, and requires states to request *special permission* or *waivers* for in-home alternatives to institutional care;
- 3 WHEREAS the Social Services Block Grant (SSBG) or Title XX of the Social Security Act, which helps serve vulnerable older adults, has seen its funding decline from a high of \$2.8 billion in fiscal year 1995 to the current appropriation of \$1.7 billion;
- 4 WHEREAS Title III-B of the Older Americans Act (OAA), which supports a wide array of home and community-based services, saw a reduction of \$3 million in the fiscal year 2004 federal appropriation of \$354 million from what was appropriated in 2002;
- 5 WHEREAS more than 90 percent of per-

sons aged 65 and older with disabilities who need help with daily activities are assisted by family and other unpaid informal caregivers, including more than three-quarters (78 percent) who get their care exclusively from unpaid family and friends, at an estimated annual value of \$257 billion—often at the financial burden of these caregivers;<sup>4</sup>

- 6 WHEREAS there is a projected drop nationally in the ratio of “traditional” direct care workers per person age 85 and older from 16.1 workers in the year 2000 to 5.7 workers in the year 2040, making informal caregiving and consumer-directed supports all the more important;<sup>5</sup> and
- 7 WHEREAS individuals prefer to stay at home and in their communities as long as possible.

**THEREFORE, BE IT RESOLVED** by the 2005 White House Conference on Aging to support policies that:

- 1 Develop a national long-term care policy, with direct involvement from the newly constituted Federal Council on Aging, to assure a balanced long-term care system that supports senior adults and persons with disabilities and their families in making their own choices with regard to living arrangements and services provided in the least restrictive setting;
- 2 Require the Secretary of the federal Department of Health and Human Services to examine and report annually for the next ten years to the President, Congress, the National Governor’s Association, and the newly constituted Federal Council on Aging about the extent to which federal policies are supporting or obstructing a balanced long-term care system, and make appropriate recommendations for change;
- 3 Broaden and strengthen the role of State Units on Aging, Area Agencies on Aging, and Title VI Native American Agencies in helping identify and eliminate any institutional bias in the long-term care system;
- 4 Make additional in-home and community-based care a priority by increasing funds provided through the Older Americans Act, the Social Services Block Grant, and by modifying Medicare and Medicaid policies to support services provided in the home and community care settings;
- 5 Reform Medicaid to eliminate the need for special “waivers” to enable states to offer alternatives to institutional care;
- 6 Assure adequate support for case management, the provision of home modifications, and personal assistance services through both Medicare and Medicaid;
- 7 Address the shortage of direct care workers and professionals trained for geriatric care in all settings;
- 8 Stimulate, respect, and support the assumption of personal and familial responsibility for long-term care, to include a federal income tax credit for private long-term care insurance and the standardization of benefit options similar to what is available for Medicare supplemental coverage, to assure support of consumer-choice and care in the least restrictive setting;<sup>6</sup> and
- 9 Increase funds for the National Caregiver Support Program and the Alzheimer’s Demonstration Grant Program and offer a tax credit for family caregivers.

## **5. Promote Income Security as a Shared Responsibility**

- 1 WHEREAS Social Security has enjoyed public support for 70 years and today provides at least 50 percent of the total income for two-thirds of older Americans and is the sole source for 20 percent;
- 2 WHEREAS the Supplemental Security Income (SSI) program provides a guaranteed monthly benefit payment to persons who are aged, blind, and disabled, and whose income and other resources are at or below a minimal subsistence level;
- 3 WHEREAS Medicare is the primary insurance provider for most senior adults but Medicare recipients are not guaranteed access to covered services and experience the costs of such uncovered services as dental, vision, and hearing care;
- 4 WHEREAS, even with the inclusion of the prescription drug benefit under Medicare, senior adults and non-Medicare adults have to

- pay high out-of-pocket costs for medicine;
- 5 WHEREAS the number of aging baby boomers and other non-Medicare consumers without health insurance is increasing;<sup>7</sup>
  - 6 WHEREAS the employment-based pension system in the United States has undergone significant change, with the shrinkage of private pension coverage;
  - 7 WHEREAS the majority of people approaching retirement age believe they will have to work for financial reasons; and
  - 8 WHEREAS the U.S. Department of Commerce reports significant signs of economic insecurity as evidenced by low personal savings and high consumer debt.<sup>8</sup>

**THEREFORE, BE IT RESOLVED** by the 2005 White House Conference on Aging to support policies that:

- 1 Stimulate and support assumption of personal, family and employer responsibility for income security;
- 2 Require the Secretaries of the federal Departments of Commerce, Labor, and Health and Human Services to examine and report annually for the next ten years to the President, Congress, the National Governor's Association, and the newly constituted Federal Council on Aging about the extent to which federal policies are supporting or obstructing economic security for current senior adults and aging baby boomers, and make recommendations for change;
- 3 Maintain Social Security's current structure and purpose;
- 4 Support personal savings and investment options that are in addition to, not in place of, Social Security—with consideration for the use of tax incentives.<sup>9</sup>
- 5 Maintain the solvency of Medicare without reducing its current benefit package;
- 6 Assure access to affordable health care for people of all ages that could include a basic national health benefit program, if it is streamlined and simplified, with variable co-pays based on income levels, and/or make employer health insurance more available and affordable;
- 7 Strengthen access to affordable medications through steps that could include government negotiation of drug prices, allowing purchase of drugs from Canada, adequate support of medication management programs to help senior adults use drugs wisely, and efforts to gradually fill the prescription drug benefit coverage gap, or "donut hole";
- 8 Support programs designed to upgrade the skills of our aging workforce, sensitize employers to the capabilities of older worker, and address any age discrimination in the workplace; and
- 9 Strengthen protections against financial fraud, abuse and exploitation.

## Notes

1. The N.C. Senior Tar Heel Legislature *strongly* endorsed the following public policy statements: (1) preserve the Older Americans Act by reauthorizing it and assuring adequate funds, (2) establish a strong council composed of seniors at the federal level to advise on national aging policy matters, (3) increase funding of Senior Centers, (4) assure adequate protections and exercise of rights for residents of long-term care facilities and expand support of elder rights programs, such as the long-term care ombudsman program, legal assistance, and elder abuse and exploitation, and (5) maintain the U.S. Senate Special Committee on Aging and reinstate a committee on aging in the U.S. House. The N.C. Association of Area Agencies on Aging, based on input from numerous local and regional forums, included among its priorities: (1) reauthorization of the OAA with adequate federal funding for home and community care, (2) support for the national Family Caregiver Support Program, (3) consumer-directed care, including in support of family caregivers, (4) strengthen the Long-Term Care Ombudsman Program, and (5) improved funding and coordination at the federal level for transportation services. The N.C. Association of County Directors of Social Services included among its priorities: (1) support for reauthorization of the Older Americans Act, including increased funding to assure home-based care and community services; (2) support of family caregivers, and (3) support for reauthorization of present funding for TANF, which currently supports grandparents caring for and raising their grandchildren.

2. The N.C. Senior Tar Heel Legislature strongly endorsed the following public policy statements: (1) strengthen the availability of affordable housing designed to maximize independence; (2) strengthen end-of-life care that seeks to meet the wishes of the individual; and (3) expand geriatric training of health care workers; (4) strengthen protections against financial fraud, abuse and exploitation, and (4) increase funding of Senior Centers. Other groups speaking in support of this resolution included the N.C. Coalition on Aging, the N.C. Association of County Commissioners, and the N.C. Association of Area Agencies on Aging.

3. Groups speaking in support of this resolution included: the North Carolina Coalition on Aging and the North Carolina

Disabled American Veterans, which has 65 chapters over North Carolina, and 40,000 members with an average age past 60. Nearly 27 percent of North Carolina's population aged 65 and older are veterans, ranging among counties from 16 to 38 percent. Testimony for the N.C. Disabled American Veterans provided by E. T. Townsend, who has served twice as the state D.A.V. commander, once as commander of the N.C. Veterans Council, and twice as the CEO of the Retired Officers N.C. Council of Chapters. Other groups voicing support for veterans as a policy priority includes: the N.C. Coalition on Aging.

4. *Source:* N.C. Institute of Medicine, referencing Thompson, 2004.

5. *Source:* Friends of Residents in Long Term Care.

6. Groups speaking in support of this resolution included the North Carolina Coalition on Aging and the North Carolina Association of County Commissioners.

7. North Carolina has the third highest growth in the percentage of people without insurance. Since 2000, 330,000 NC residents have lost health coverage, and now nearly 1 in 5 non-elderly North Carolinians are uninsured.

8. The N.C. Senior Tar Heel Legislature strongly endorsed the following public policy statements: (1) assure the solvency of Medicare, (2) assure the affordability of prescription drugs, (3) assure affordable health care for people of all ages, (4) prevent any changes to Medicare that would reduce the current benefit package, (5) strengthen protections against financial fraud, abuse and exploitation, and (6) maintain Social Security's current structure and purposes.

9. Groups speaking in support of this resolution are the North Carolina Coalition on Aging, the North Carolina Association of County Commissioners, and the NC Association of Area Agencies on Aging, which conducted forums in 59 counties representing the views of more than 500 seniors.





## Governor's Advisory Council on Aging

Division of Aging and Adult Services  
NC Department of Health and Human Services  
2101 Mail Service Center  
Raleigh, NC 27699-2101

(919) 733-3983

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*It was extremely difficult to narrow all of the topics that could have been included to just three broad categories. . . . Each level of government must do its part in making sure that our seniors receive the best care possible. Why do we need to do this? Because as one person so succinctly put it, "I will be one of them."*

*—Mary Barker*

Proceedings prepared for the NC Governor's Advisory Council on Aging by Margaret Morse, CARES, Jordan Institute for Families, School of Social Work, UNC-Chapel Hill; Julie Bell, NC Division of Aging and Adult Services; and Bill Lamb, UNC Institute on Aging.

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